

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. No: 10/070,894
Applicant: Shinichiro Nagata, et al.
Filed: July 3, 2002
Title: METHOD, SYSTEM, APPARATUS AND RECORDING MEDIUM
FOR INFORMATION DISTRIBUTION (as amended)
TC/A.U.: 2155
Examiner: Alicia Baturay
Docket No.: MTS-3322US

REQUEST FOR REFUND
(37 C.F.R. § 1.28(a))

Mail Stop 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is an assertion of small entity status in this application.

Refunds for the following fees are requested. The amount of the refund requested is indicated below.

		Amount of Refund Requested	
<input checked="" type="checkbox"/>	Extension of time - 1 months (small entity)	\$	60.
<input checked="" type="checkbox"/>	Excess independent claims (small entity)	\$	400.
TOTAL REFUND REQUESTED		\$	460.

EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Applicant asserts small entity status in this application. Additional claims fee and one month extension fee were paid at the large entity rate on March 28, 2006 (see attached copy

MTS-3322US

PATENT & TRADEMARK
DIVISION

of PTO/SB/17 and PTO/SB/22). Accordingly, a total refund in the amount of \$460. is requested.

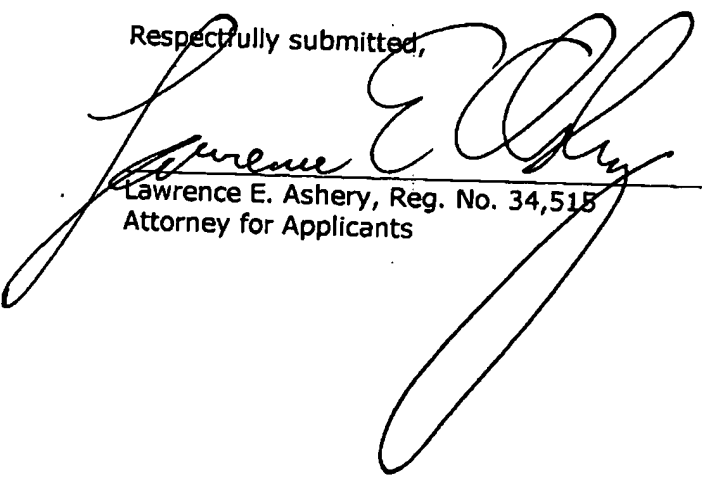
2006 MAY -8 PM 4: 3

US PATENT & TRADEMARK
OFFICE

MANNER OF REFUND

Please make refund by crediting Applicants' credit card as shown on the attached credit card authorization form PTO-2038.

Respectfully submitted,


Lawrence E. Ashery, Reg. No. 34,515
Attorney for Applicants

LEA/dmw

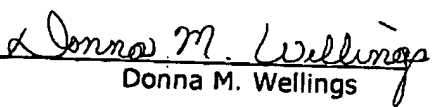
Attachment:
PTO-2038
Copy of PTO/SB/17
Copy of PTO/SB/22

Dated: May 2, 2006

P.O. Box 980
Valley Forge, PA 19482
(610) 407-0700

The Commissioner is hereby authorized to charge payment to Deposit Account No. 18-0350 of any fees associated with this communication.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop 16, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 2, 2006.


Donna M. Wellings

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/04.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PTO/SB/17 (12-04v2) (AW 1/2005)
App. for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 800.00

Complete if Known

Application Number 10070,894
Filing Date July 3, 2002
First Named Inventor Shinichiro Nagata et al.
Examiner Name Alicia Baturay
Art Unit 2155
Attorney Docket No. MTS-3322US

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims - 20 or HP = Extra Claims Fee (\$)
HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 or HP = Extra Claims Fee (\$)
HP = highest number of independent claims paid for, if greater than 3

Fee Paid (\$) Multiple Dependent Claims Fee (\$)
Fee Paid (\$) ←

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$)
Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Signature Daniel N. Calder Complete (if applicable)
Name (Print/Type) Daniel N. Calder Registration No. Attorney/Agent 27,424 Telephone 610-407-0700
Date March 28, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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GO/DPV

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Docket Number (Optional)
MTS-3322US

Application Number 10/070,894

Filed March 11, 2002

For INFORMATION DISTRIBUTION APPARATUS, INFORMATION DISTRIBUTION SYSTEM, METHOD, MEDIUM,
INFORMATION SET, AND PROGRAM

Art Unit 2155

Examiner Alicia Baturay

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0350. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number: 27,424.

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Daniel N. Calder

Signature

March 28, 2006

Date

Daniel N. Calder

Typed or Printed Name

610-407-0700

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

COPY

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. No: 10/070,894
Applicant: Shinichiro Nagata, et al.
Filed: July 3, 2002
Title: METHOD, SYSTEM, APPARATUS AND RECORDING MEDIUM
FOR INFORMATION DISTRIBUTION (as amended)
TC/A.U.: 2155
Examiner: Alicia Baturay
Docket No.: MTS-3322US

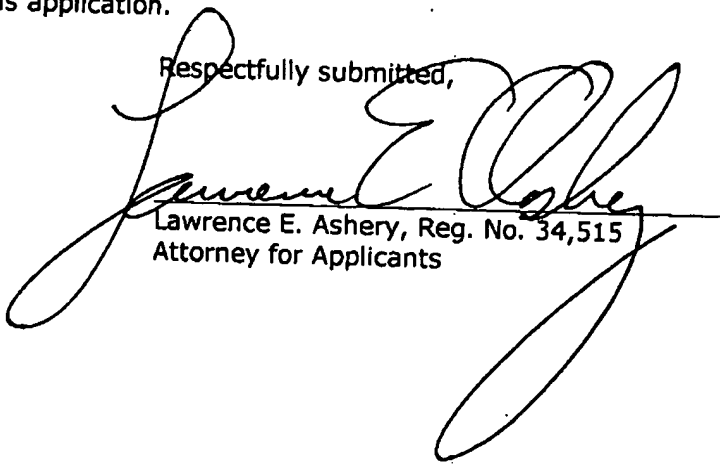
ASSERTION OF SMALL ENTITY STATUS
(37 C.F.R. § 1.27(c)(1))

Mail Stop 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby state that Applicants are a small entity status and that status as a small entity is asserted for this application.

Respectfully submitted,


Lawrence E. Ashery, Reg. No. 34,515
Attorney for Applicants

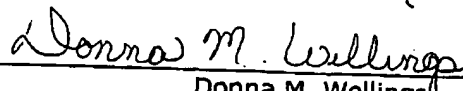
LEA/dmw

Dated: May 2, 2006

P.O. Box 980
Valley Forge, PA 19482
(610) 407-0700

The Commissioner for Patents is hereby authorized to charge payment to Deposit Account No. 18-0350 of any fees associated with this communication.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop 16, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 2, 2006.


Donna M. Wellings

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Application No.: 10/070,894
Amendment Dated March 28, 2006
Reply to Office Action of November 29, 2005

MTS-3322US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



App. No.: 10/070,894
Applicant: Shinichiro Nagata, et al.
Filed: July 3, 2002
Title: INFORMATION DISTRIBUTION APPARATUS, INFORMATION
DISTRIBUTION SYSTEM, METHOD, MEDIUM,
INFORMATION SET, AND PROGRAM
TC/A.U.: 2155
Examiner: Alicia Baturay
Confirmation No.: 2753
Docket No.: MTS-3322US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated November 29, 2005, please amend the above-identified application as follows:

- ☒ **Amendments to the Title** begin on page 2 of this paper.
- ☐ **Amendments to the Specification** begin on page of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.
- ☐ **Amendments to the Drawings** begin on page of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page of this paper. A clean version of the Abstract is on page of this paper.
- ☒ **Remarks/Arguments** begin on page 17 of this paper.

03/31/2006 AKELECH1 00000017 10070894

01 FC:1201
05/23/2006 SDIRETA1 00000007 10070894

01 FC:2251 60.00 OP
02 FC:2201 400.00 OP

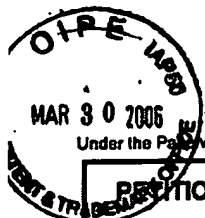
Page 1 of 19

Refund Ref: 0030031703
05/23/2006

Credit Card Refund Total: \$460.00

Am Exp.: XXXXXXXXXXXX1008

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REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) MTS-3322US	
Application Number 10/070,894		Filed March 11, 2002	
For INFORMATION DISTRIBUTION APPARATUS, INFORMATION DISTRIBUTION SYSTEM, METHOD, MEDIUM, INFORMATION SET, AND PROGRAM			
Art Unit 2155		Examiner Alicia Baturay	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
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<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0350</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>27,424</u> .			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.			
<u>Daniel N. Calder</u>		<u>March 28, 2006</u>	
Signature		Date	
<u>Daniel N. Calder</u>		<u>610-407-0700</u>	
Typed or Printed Name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

adjustment date: 05/23/2006 SDIRETA1
3731/2006 AKELECH1 00000017 10070894
2 FC:1251 -120.00 OP

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